PATENT

Atty. Docket No.: 2788 (203-2854)

AF 1762 15W

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Roby et al.

Examiner: J.K. Michener

Serial No.:

09/964,901

Group Art Unit: 1762

Filed:

September 27, 2001

Dated: June 21, 2004

OTHER THAN

For:

SILICONIZED SURGICAL NEEDLES

AND METHODS FOR THEIR MANUFACTURE

MAIL STOP AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2)	(Col. 3) SMALL ENTITY				SMALL	ENTITY
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT.	OR	RATE	ADDIT. FEE
TOTAL	*15	MINUS	**29	=	X 9	\$	X	18	\$ 0
INDEP.	*2	MINUS	**4	=	X 43	\$	Х	86	\$ 0
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM X 140 \$								280	\$0
				ADDIT. F	TOTAL	\$ -0-	OR T	OTAL	\$ 0

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1450 on date below.

Dated: <u>June 21, 2004</u>

Jennif*p*r Puente |

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Depősit Account No. <u>21-0550</u> in the amount of \$___. Two (2) copies of this sheet are enclosed.
- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Michael R. Brew Reg. No. 43,513

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MRB/jjp



RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE **MAIL STOP AF**

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RESPONSE AFTER FINAL REJECTION

Sir:

In response to the Office Action dated April 19, 2004, applicants request reconsideration and allowance of the above-referenced application in view of the following amendment and remarks.

Amendments to the Claims are set forth on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 21, 2004.

Dated: June 21, 2004